



State of Washington
Department of
Labor and Industries

PROVIDER BULLETIN

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THIS ISSUE

Obesity Treatment Policy 7.13

TO:

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This bulletin describes the new policy on obesity treatment that is *effective October 1, 1997*.

It replaces Provider Bulletin 88-06. The department no longer pays for the Optifast program. Current obesity treatment codes (1031M - 1033M, 1035M, and 1036M) will be end-dated effective October 31, 1997.

Obesity **does not** meet the definition of an industrial injury or occupational disease. However, the insurer may allow **temporary treatment** of obesity in those cases that meet the criteria listed below. (*See WAC 296-20-055 regarding treatment of unrelated conditions.*)

To ensure a safe program with the least risk to the worker, the department has adopted specific criteria for workers and obesity treatment programs.

WHAT CRITERIA MUST A WORKER MEET?

The claims manager may authorize temporary treatment of obesity if the worker meets **all three** of the following criteria:

- The worker is severely obese (see definition below); **and**
- The obesity is the primary **condition** retarding recovery from an accepted condition; **and**
- The attending doctor documents that the worker must lose a specified amount of weight in order to do **one or more** of the following:
 - Undergo needed surgery; **or**
 - Participate in physical rehabilitation; **or**
 - Return to work.

SEVERE OBESITY: For the purposes of providing obesity treatment, the department defines severe obesity as a Body Mass Index (BMI) of 35 or greater. (*See page five of this bulletin*)

WHAT ARE THE CRITERIA FOR OBESITY TREATMENT PROGRAMS?

The insurer will reimburse a worker for an obesity treatment program only if the insurer authorizes the treatment in advance and if the program includes all of the following:

- A diet and exercise plan, including a weight loss goal, approved by the attending doctor as safe for the worker. (The attending doctor may consult with a Washington certified dietician or nutritionist (RD) to determine if a weight loss program is appropriate for the worker.)
- No requirements to buy supplements or special foods.
- Documented weekly weigh-in.
- Group support facilitated by trained staff.
- Counseling and education provided by trained staff.
- A joining fee up to \$100, and a weekly fee up to \$20 a week.

WHAT IS NOT COVERED FOR OBESITY TREATMENT?

- The department **does not** pay for:
- Surgical treatments of obesity (for example, gastric stapling or jaw wiring).
- Drugs or medications used primarily to assist in weight loss.
- Special foods (including liquid diets).
- Supplements or vitamins.
- Educational material (such as food content guides and cookbooks).
- Food scales or bath scales.
- Exercise programs or exercise equipment.

HOW IS OBESITY TREATMENT INITIATED?

An attending doctor who believes a worker may qualify for obesity treatment should contact the claims manager to verify that the worker is eligible. If so, the attending doctor and worker develop a treatment plan. The obesity treatment plan must include **each** of the following:

- The amount of weight the worker must lose to undergo surgery, participate in physical rehabilitation or return to work.

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- Estimated length of time needed for the worker to lose the weight.
 - Medical justification for obesity treatment, including tests, consultations or diagnostic studies that support the request.
 - Plan for weight loss monitoring by the attending doctor.
 - Specific program or other weight loss method requested.

WHAT IS THE ROLE OF THE ATTENDING DOCTOR?

The attending doctor's role is to:

- Work with the worker to develop a weight loss goal and obesity treatment plan.
- Sign the authorization letter that will serve as a memorandum of understanding between the department, the worker and the attending doctor. (*NOTE: The claims manager sends this letter to the worker who will sign it and take it to the attending doctor for signature.*)
- See the worker, monitor and document the worker's weight loss every 30 days.
- Notify the claims manager when the worker reaches the weight loss goal, when obesity no longer interferes with recovery from the accepted condition, or if the worker is not losing an average of one to two pounds each week.

WHAT ARE THE WORKER'S RESPONSIBILITIES?

The worker must do each of the following:

- Lose an **average** of one to two pounds a week.
- Regularly attend weekly treatment sessions (meetings and weigh-ins).
- Cooperate with the approved obesity treatment plan.
- See the attending doctor at least every 30 days.
- Pay the joining fee and weekly membership fees up front and get reimbursed. (The adjudicator will send billing forms and instructions to the worker when authorizing obesity treatment.)
- Each week send the claims manager a copy of the weekly weigh-in sheet signed by the program coordinator.

WHAT ARE THE TREATMENT LIMITATIONS?

The claims manager authorizes obesity treatment for 90 days at a time as long as the worker does **all** of the above. The claims manager stops authorizing obesity treatment when **any one** of the following occur:

- The worker reaches the weight loss goal identified in the obesity treatment plan. (If the worker wants to continue the weight loss program for general health, the worker may do so at his or her own expense).
- Obesity no longer interferes with recovery from the accepted condition. (WAC 296-20-055 prohibits treatment of an unrelated condition once it no longer retards recovery from the accepted condition).
- The worker is not cooperating with the approved obesity treatment plan.
- The worker is not losing weight at an **average** of one to two pounds each week.

HOW DOES THE DEPARTMENT PAY FOR TREATMENT?

We will no longer be giving provider numbers to obesity treatment providers.

Under the new policy, the department pays for obesity treatment by reimbursing the worker using the following codes:

<u>Code</u>	<u>Description</u>	<u>Fee Limits</u>
0440A	Joining fee, weight loss program, worker reimbursement	\$100
0441A	Weekly fee, weight loss program, worker reimbursement	\$20 per week

The attending doctor may refer a worker to an RD for a consultation. RDs should bill on a department Statement for Miscellaneous Services (form F245-072-000) using the following local codes:

<u>Code</u>	<u>Description</u>	<u>Fee Limits</u>
1030M	Obesity Tx—Intake dietary evaluation	\$59.62, 1 per obesity treatment plan
1034M	Obesity Tx—Dietary re-evaluation	\$40.88, 3 per obesity treatment plan

Only RDs will be reimbursed for nutrition counseling services. Providers practicing in another state who are similarly certified or licensed may apply to be considered for reimbursement. RDs that do not already have a provider number may call the provider toll-free hotline (1-800-848-0811) for a provider application.

All the above services require prior authorization.

Body Mass Index

For the purpose of this policy, the department defines severe obesity as a BMI of 35 or greater. For example, a person 5 feet 5 inches tall, weighing 210 or more pounds is considered severely obese.

BMI Ht	19	20	21	22	23	24	25	26	27	28	29	30	35
4-10	91	96	100	105	110	115	119	124	129	134	139	143	167
4-11	94	99	104	109	114	119	124	129	133	138	143	148	173
5-0	97	102	107	112	118	123	128	133	138	143	148	153	179
5-1	100	106	111	116	122	127	132	137	143	148	153	158	185
5-2	104	109	115	120	126	131	136	142	147	153	158	164	191
5-3	107	113	118	124	130	135	141	147	152	156	163	169	197
5-4	111	116	122	128	134	140	145	151	157	163	168	174	204
5-5	114	120	126	132	138	144	150	156	162	168	174	180	210
5-6	118	124	130	136	142	148	155	161	167	173	179	185	216
5-7	121	127	134	140	147	153	159	166	172	178	185	191	223
5-8	125	131	138	144	151	158	164	171	177	187	190	197	230
5-9	128	135	142	149	155	162	169	176	183	189	196	203	237
5-10	132	139	146	153	160	167	174	181	188	195	202	209	243
5-11	136	143	150	157	165	172	179	186	193	200	208	215	250
6-0	140	147	155	162	169	177	184	191	199	206	213	221	258
6-1	144	151	159	166	174	182	189	197	204	212	219	227	265
6-2	148	155	163	171	179	187	194	202	210	218	225	233	272
6-3	152	160	168	176	184	192	200	208	216	224	232	240	279
6-4	156	164	172	180	189	197	205	213	221	230	238	246	287

Age
 45 to 54
 55 to 65
 Over 65

Normal BMI Range
 22 to 27
 23 to 28
 24 to 29

From a press release issued by the Department of Health and Human Services Consensus Conference on Obesity, April 1, 1992.
 Weight has been rounded to the nearest whole pound.

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If you require special communication or accommodations needs, please contact the Department of Labor and Industries, PO Box 44400, Olympia, WA 98504-4400 or call the provider toll-free number 1-800-848-0811. Assistance for the hearing impaired can be obtained by calling the TDD number at 1-360-902-4663.